LAKESIDE NURSING & REHABILITATION

Mentally Ill

Provide Day Programming for

7490 - 156TH STREET CHIPPEWA FALLS 54729 Phone: (715) 723-9341 Ownership: Corporation Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with CBRF? No Title 18 (Medicare) Certified? Yes Title 19 (Medicaid) Certified? Yes Operate in Conjunction with Hospital? No Number of Beds Set Up and Staffed (12/31/02): 336 Total Licensed Bed Capacity (12/31/02): 336 322 Average Daily Census: 322 Number of Residents on 12/31/02: ************************************ Services Provided to Non-Residents | Age, Sex, and Primary Diagnosis of Residents (12/31/02) | Length of Stay (12/31/02) % Supp. Home Care-Household Services No | Developmental Disabilities 0.0 | Under 65 18.9 | More Than 4 Years Yes| Mental Illness (Org./Psy) 12.7 | 65 - 74 16.1 Day Services Yes| Mental Illness (Other) 5.3 | 75 - 84 Yes| Alcohol & Other Drug Abuse 0.6 | 85 - 94 Yes| Mental Illness (Other) 5.3 | 75 - 84 29.2 | Respite Care Adult Day Care 29.8 | ********************* No | Para-, Quadra-, Hemiplegic 0.3 | 95 & Over 5.9 | Full-Time Equivalent Adult Day Health Care ---- | Nursing Staff per 100 Residents Congregate Meals No | Cancer 0.6 | Yes| Fractures 2.5 100.0 | (12/31/02) Home Delivered Meals Other Meals Yes| Cerebrovascular Yes| Diabetes Transportation Referral Service Other Services Provide Day Programming for | Other Medical Conditions 62.1 | Male 42.5 | Aides, & Orderlies 46.3

************************************* Method of Reimbursement

Developmentally Disabled No | 100.0 |

---- | Female

100.0 |

57.5 | ----- |

	Medicare (Title 18)			Medicaid (Title 19)			Other		Private Pay		Family Care			Managed Care						
Level of Care	No.	00	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	%	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	olo	Per Diem (\$)	Total Resi- dents	
Int. Skilled Care	3	6.3	175	12	5.2	127	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	15	4.7
Skilled Care	44	91.7	175	138	60.0	109	5	100.0	160	34	97.1	143	0	0.0	0	4	100.0	389	225	69.9
Intermediate				68	29.6	91	0	0.0	0	1	2.9	135	0	0.0	0	0	0.0	0	69	21.4
Limited Care				6	2.6	78	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	6	1.9
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 1	2.1	418	6	2.6	375	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	7	2.2
Total	48	100.0		230	100.0		5	100.0		35	100.0		0	0.0		4	100.0		322	100.0

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LAKESIDE NURSING & REHABILITATION

*******	*****	*****	*****	*****	*****	*****	******				
Admissions, Discharges, and		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02									
Deaths During Reporting Period											
					% Needing		Total				
Percent Admissions from:	1	Activities of	용	As	sistance of	% Totally	Number of				
Private Home/No Home Health	13.0	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents				
Private Home/With Home Health	0.0	Bathing	10.2		57.5	32.3	322				
Other Nursing Homes	5.6	Dressing	13.7		69.3	17.1	322				
Acute Care Hospitals	79.4	Transferring	27.6		56.8	15.5	322				
Psych. HospMR/DD Facilities	0.0		20.8		53.7	25.5	322				
Rehabilitation Hospitals	0.0	Eating	32.0		55.3	12.7	322				
Other Locations	2.1	*****	*****	*****	*****	****	*********				
Total Number of Admissions	486	Continence		%	Special Treat	ments	90				
Percent Discharges To:		Indwelling Or Externa	al Catheter	5.3	Receiving R	espiratory Care	15.2				
Private Home/No Home Health	49.0	Occ/Freq. Incontinent	t of Bladder	41.9	Receiving T	racheostomy Care	5.9				
Private Home/With Home Health	0.0	Occ/Freq. Incontinent	t of Bowel	28.0	Receiving S	uctioning	6.2				
Other Nursing Homes	7.5					stomy Care	0.6				
Acute Care Hospitals	11.4	Mobility			Receiving T	ube Feeding	3.7				
Psych. HospMR/DD Facilities	0.0	Physically Restrained	d	14.9	Receiving M	echanically Altered Diets	9.3				
Rehabilitation Hospitals	0.0										
Other Locations	3.3	Skin Care			Other Residen	t Characteristics					
Deaths	28.8	With Pressure Sores		5.6	Have Advanc	e Directives	64.9				
Total Number of Discharges		With Rashes		6.2	Medications						
(Including Deaths)	482				Receiving P	sychoactive Drugs	63.7				

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

		Ownership:		Bed Size:		Licensure:				
	This	Prop	prietary	2	00+	Skilled		Al	1	
	Facility	y Peer Group		Peer Group		Peer Group		Facilities		
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio	
Occurrency Data, Avenues Daily Consus/Licensed Dade	0.5.0	04.7	1 12	01 7	1 17	0.5.2	1 10	OF 1	1 10	
Occupancy Rate: Average Daily Census/Licensed Beds	95.8	84.7	1.13	81.7	1.17	85.3	1.12	85.1	1.13	
Current Residents from In-County	51.2	81.6	0.63	81.4	0.63	81.5	0.63	76.6	0.67	
Admissions from In-County, Still Residing	11.1	17.8	0.63	22.1	0.50	20.4	0.54	20.3	0.55	
Admissions/Average Daily Census	150.9	184.4	0.82	97.4	1.55	146.1	1.03	133.4	1.13	
Discharges/Average Daily Census	149.7	183.9	0.81	105.8	1.42	147.5	1.02	135.3	1.11	
Discharges To Private Residence/Average Daily Census	73.3	84.7	0.87	41.5	1.77	63.3	1.16	56.6	1.30	
Residents Receiving Skilled Care	74.5	93.2	0.80	88.0	0.85	92.4	0.81	86.3	0.86	
Residents Aged 65 and Older	81.1	92.7	0.87	86.1	0.94	92.0	0.88	87.7	0.92	
Title 19 (Medicaid) Funded Residents	71.4	62.8	1.14	72.7	0.98	63.6	1.12	67.5	1.06	
Private Pay Funded Residents	10.9	21.6	0.50	16.9	0.64	24.0	0.45	21.0	0.52	
Developmentally Disabled Residents	0.0	0.8	0.00	2.5	0.00	1.2	0.00	7.1	0.00	
Mentally Ill Residents	18.0	29.3	0.61	39.4	0.46	36.2	0.50	33.3	0.54	
2		24.7	2.51	26.5				20.5	3.03	
General Medical Service Residents	62.1				2.34	22.5	2.76			
Impaired ADL (Mean)	50.0	48.5	1.03	52.3	0.96	49.3	1.01	49.3	1.01	
Psychological Problems	63.7	52.3	1.22	59.5	1.07	54.7	1.16	54.0	1.18	
Nursing Care Required (Mean)	6.6	6.8	0.97	7.0	0.94	6.7	0.98	7.2	0.92	